Si			
	tate of Rhode Island and Pro Office of the Secreta		ns Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	treet 04-2615	
Limited Liability Com Annual Report Filing Period: September 1 ·			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000795436</u>			
2. Exact Name of the Lir	nited Liability Company DOMIN	EYPHOTOGRAPHY	LLC
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found	-	the entity. Download
4. Brief Description of the	e Character of the Business Which	is Actually Conducte	d in Rhode Island
PROFESSIONAL PHOT TO COMMERCIAL WORK	<u>TOGRAPHIC SERVICES RANGI</u>	NG FROM CREATIV	<u>VE PORTRAITURE</u>
<u>TO</u>	<u>X.</u>	NG FROM CREATIV	<u>VE PORTRAITURE</u>
TO COMMERCIAL WORK 5. Principal Office Address No. and Street: 65 H	<u>X.</u>		<u>VE PORTRAITURE</u> Country: <u>USA</u>
TO COMMERCIAL WORK 5. Principal Office Address No. and Street: 65 H City or Town: PRO	<u>K.</u> ss <u>ERSCHEL STREET</u>	:: <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u>
TO COMMERCIAL WORK 5. Principal Office Address No. and Street: 65 H City or Town: PRO 6. Mailing Address of Line Contact Name: KARL DO No. and Street: 65 H	SS ERSCHEL STREET VIDENCE State nited Liability Company and Name OMINEY Contact Title: ERSCHEL STREET	:: <u>RI</u> Zip: <u>02909</u> e or Title of Contact Pe	Country: <u>USA</u> erson:
TO COMMERCIAL WORK 5. Principal Office Address No. and Street: 65 H City or Town: PRO 6. Mailing Address of Line Contact Name: KARL DC No. and Street: 65 HE City or Town: PRO	SS ERSCHEL STREET VIDENCE State nited Liability Company and Name DMINEY Contact Title: ERSCHEL STREET /IDENCE State Each Manager of the Limited Liab	e: <u>RI</u> Zip: <u>02909</u> e or Title of Contact Pe e: <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
TO COMMERCIAL WORK 5. Principal Office Address No. and Street: 65 H City or Town: PRO 6. Mailing Address of Line Contact Name: KARL DC No. and Street: 65 HE City or Town: PRO	SS ERSCHEL STREET VIDENCE State nited Liability Company and Name DMINEY Contact Title: ERSCHEL STREET /IDENCE State Each Manager of the Limited Liab	e: <u>RI</u> Zip: <u>02909</u> e or Title of Contact Pe e: <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>UNITED STATES CORPORATION AGENTS, INC.</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of October, 2019 at 1:21:12 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KARL C DOMINEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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